

General Assembly

Substitute Bill No. 1185

January Session, 2011

____SB01185APP___050511____

AN ACT CONCERNING STATE PAYMENTS TO NURSING HOMES AND THE DUTIES OF NURSING HOME RECEIVERS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. Subdivision (4) of subsection (f) of section 17b-340 of the
- 2 general statutes is repealed and the following is substituted in lieu
- 3 thereof (*Effective July 1, 2011*):
- (4) (A) For the fiscal year ending June 30, 1992, [(A)] (i) no facility 4 5 shall receive a rate that is less than the rate it received for the rate year 6 ending June 30, 1991; [(B)] (ii) no facility whose rate, if determined 7 pursuant to this subsection, would exceed one hundred twenty per 8 cent of the state-wide median rate, as determined pursuant to this subsection, shall receive a rate which is five and one-half per cent more 10 than the rate it received for the rate year ending June 30, 1991; and 11 [(C)] (iii) no facility whose rate, if determined pursuant to this 12 subsection, would be less than one hundred twenty per cent of the 13 state-wide median rate, as determined pursuant to this subsection, 14 shall receive a rate which is six and one-half per cent more than the 15 rate it received for the rate year ending June 30, 1991. For the fiscal 16 year ending June 30, 1993, no facility shall receive a rate that is less 17 than the rate it received for the rate year ending June 30, 1992, or six 18 per cent more than the rate it received for the rate year ending June 30, 19 1992. For the fiscal year ending June 30, 1994, no facility shall receive a

rate that is less than the rate it received for the rate year ending June 30, 1993, or six per cent more than the rate it received for the rate year ending June 30, 1993. For the fiscal year ending June 30, 1995, no facility shall receive a rate that is more than five per cent less than the rate it received for the rate year ending June 30, 1994, or six per cent more than the rate it received for the rate year ending June 30, 1994. For the fiscal years ending June 30, 1996, and June 30, 1997, no facility shall receive a rate that is more than three per cent more than the rate it received for the prior rate year. For the fiscal year ending June 30, 1998, a facility shall receive a rate increase that is not more than two per cent more than the rate that the facility received in the prior year. For the fiscal year ending June 30, 1999, a facility shall receive a rate increase that is not more than three per cent more than the rate that the facility received in the prior year and that is not less than one per cent more than the rate that the facility received in the prior year, exclusive of rate increases associated with a wage, benefit and staffing enhancement rate adjustment added for the period from April 1, 1999, to June 30, 1999, inclusive. For the fiscal year ending June 30, 2000, each facility, except a facility with an interim rate or replaced interim rate for the fiscal year ending June 30, 1999, and a facility having a certificate of need or other agreement specifying rate adjustments for the fiscal year ending June 30, 2000, shall receive a rate increase equal to one per cent applied to the rate the facility received for the fiscal year ending June 30, 1999, exclusive of the facility's wage, benefit and staffing enhancement rate adjustment. For the fiscal year ending June 30, 2000, no facility with an interim rate, replaced interim rate or scheduled rate adjustment specified in a certificate of need or other agreement for the fiscal year ending June 30, 2000, shall receive a rate increase that is more than one per cent more than the rate the facility received in the fiscal year ending June 30, 1999. For the fiscal year ending June 30, 2001, each facility, except a facility with an interim rate or replaced interim rate for the fiscal year ending June 30, 2000, and a facility having a certificate of need or other agreement specifying rate adjustments for the fiscal year ending June 30, 2001, shall receive a rate increase equal to two per cent applied to the rate the facility received

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for the fiscal year ending June 30, 2000, subject to verification of wage enhancement adjustments pursuant to subdivision (15) of this subsection. For the fiscal year ending June 30, 2001, no facility with an interim rate, replaced interim rate or scheduled rate adjustment specified in a certificate of need or other agreement for the fiscal year ending June 30, 2001, shall receive a rate increase that is more than two per cent more than the rate the facility received for the fiscal year ending June 30, 2000. For the fiscal year ending June 30, 2002, each facility shall receive a rate that is two and one-half per cent more than the rate the facility received in the prior fiscal year. For the fiscal year ending June 30, 2003, each facility shall receive a rate that is two per cent more than the rate the facility received in the prior fiscal year, except that such increase shall be effective January 1, 2003, and such facility rate in effect for the fiscal year ending June 30, 2002, shall be paid for services provided until December 31, 2002, except any facility that would have been issued a lower rate effective July 1, 2002, than for the fiscal year ending June 30, 2002, due to interim rate status or agreement with the department shall be issued such lower rate effective July 1, 2002, and have such rate increased two per cent effective June 1, 2003. For the fiscal year ending June 30, 2004, rates in effect for the period ending June 30, 2003, shall remain in effect, except any facility that would have been issued a lower rate effective July 1, 2003, than for the fiscal year ending June 30, 2003, due to interim rate status or agreement with the department shall be issued such lower rate effective July 1, 2003. For the fiscal year ending June 30, 2005, rates in effect for the period ending June 30, 2004, shall remain in effect until December 31, 2004, except any facility that would have been issued a lower rate effective July 1, 2004, than for the fiscal year ending June 30, 2004, due to interim rate status or agreement with the department shall be issued such lower rate effective July 1, 2004. Effective January 1, 2005, each facility shall receive a rate that is one per cent greater than the rate in effect December 31, 2004. Effective upon receipt of all the necessary federal approvals to secure federal financial participation matching funds associated with the rate increase provided in this subdivision, but in no event earlier than July 1, 2005, and provided the

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user fee imposed under section 17b-320 is required to be collected, for the fiscal year ending June 30, 2006, the department shall compute the rate for each facility based upon its 2003 cost report filing or a subsequent cost year filing for facilities having an interim rate for the period ending June 30, 2005, as provided under section 17-311-55 of the regulations of Connecticut state agencies. For each facility not having an interim rate for the period ending June 30, 2005, the rate for the period ending June 30, 2006, shall be determined beginning with the higher of the computed rate based upon its 2003 cost report filing or the rate in effect for the period ending June 30, 2005. Such rate shall then be increased by eleven dollars and eighty cents per day except that in no event shall the rate for the period ending June 30, 2006, be thirty-two dollars more than the rate in effect for the period ending June 30, 2005, and for any facility with a rate below one hundred ninety-five dollars per day for the period ending June 30, 2005, such rate for the period ending June 30, 2006, shall not be greater than two hundred seventeen dollars and forty-three cents per day and for any facility with a rate equal to or greater than one hundred ninety-five dollars per day for the period ending June 30, 2005, such rate for the period ending June 30, 2006, shall not exceed the rate in effect for the period ending June 30, 2005, increased by eleven and one-half per cent. For each facility with an interim rate for the period ending June 30, 2005, the interim replacement rate for the period ending June 30, 2006, shall not exceed the rate in effect for the period ending June 30, 2005, increased by eleven dollars and eighty cents per day plus the per day cost of the user fee payments made pursuant to section 17b-320 divided by annual resident service days, except for any facility with an interim rate below one hundred ninety-five dollars per day for the period ending June 30, 2005, the interim replacement rate for the period ending June 30, 2006, shall not be greater than two hundred seventeen dollars and forty-three cents per day and for any facility with an interim rate equal to or greater than one hundred ninety-five dollars per day for the period ending June 30, 2005, the interim replacement rate for the period ending June 30, 2006, shall not exceed the rate in effect for the period ending June 30, 2005, increased by

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eleven and one-half per cent. Such July 1, 2005, rate adjustments shall remain in effect unless [(i)] the federal financial participation matching 127 funds associated with the rate increase are no longer available; or [(ii)] 128 the user fee created pursuant to section 17b-320 is not in effect. For the 129 fiscal year ending June 30, 2007, each facility shall receive a rate that is 130 three per cent greater than the rate in effect for the period ending June 30, 2006, except any facility that would have been issued a lower rate 132 effective July 1, 2006, than for the rate period ending June 30, 2006, due 133 to interim rate status or agreement with the department, shall be 134 issued such lower rate effective July 1, 2006. For the fiscal year ending 135 June 30, 2008, each facility shall receive a rate that is two and nine-136 tenths per cent greater than the rate in effect for the period ending June 137 30, 2007, except any facility that would have been issued a lower rate 138 effective July 1, 2007, than for the rate period ending June 30, 2007, due 139 to interim rate status or agreement with the department, shall be 140 issued such lower rate effective July 1, 2007. For the fiscal year ending 141 June 30, 2009, rates in effect for the period ending June 30, 2008, shall 142 remain in effect until June 30, 2009, except any facility that would have 143 been issued a lower rate for the fiscal year ending June 30, 2009, due to 144 interim rate status or agreement with the department shall be issued 145 such lower rate. For the fiscal years ending June 30, 2010, and June 30, 146 2011, rates in effect for the period ending June 30, 2009, shall remain in 147 effect until June 30, 2011, except any facility that would have been 148 issued a lower rate for the fiscal year ending June 30, 2010, or the fiscal 149 year ending June 30, 2011, due to interim rate status or agreement with 150 the department, shall be issued such lower rate. <u>Interim rates may take</u> 151 into account reasonable costs incurred by a facility, including wages 152 and benefits.

(B) The Commissioner of Social Services shall add fair rent increases to any other rate increases established pursuant to this subdivision for a facility which has undergone a material change in circumstances related to fair rent, except for the fiscal year ending June 30, 2010, and the fiscal year ending June 30, 2011, such fair rent increases shall only be provided to facilities with an approved certificate of need pursuant

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- 159 to section 17b-352, 17b-353, 17b-354 or 17b-355. [Interim rates may take
- into account reasonable costs incurred by a facility, including wages
- and benefits.] For the fiscal year ending June 30, 2012, in the event that
- 162 <u>the Commissioner of Social Services has revised a facility's rate</u>
- pursuant to the provisions of subsections (j) and (k) of section 17b-340,
- as amended by this act, the commissioner shall add fair rent increases
- to the facility's revised rate.

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Sec. 2. Section 17b-340 of the general statutes is amended by adding

(NEW) (j) (1) Notwithstanding any provision of this section, the

- subsections (j) and (k) as follows (*Effective July 1, 2011*):
- 169 Commissioner of Social Services may issue a revised, increased rate to 170 a licensed chronic and convalescent nursing home or rest home with 171 nursing supervision if: (A) The facility's total occupancy percentage 172 was less than ninety-five per cent during the six-month period 173 immediately preceding the date on which the facility files an 174 application for a rate revision pursuant to this subsection and the 175 facility agrees to reduce its licensed bed capacity; (B) the facility 176 requests additional reimbursement for fair rent or moveable 177 equipment improvements; or (C) the facility requests additional 178 reimbursement to implement a business plan to develop enhanced 179 community-based services or services for residents with special needs, 180 provided (i) the facility has submitted a business plan that meets
- applicable requirements established by the commissioner pursuant to
- this subsection; and (ii) the fiscal impact of any approved rate revision
- is projected as Medicaid budget neutral at the end of the five-year
- period following the date of a facility's request, or, if the fiscal impact
- is not projected to be Medicaid budget neutral, the facility's business
- plan proposes to meet an identified unmet need.
- 187 (2) On or before October 1, 2011, the Commissioner of Social 188 Services shall develop and publish an application process for rate 189 revision requests authorized pursuant to this subsection. The
- 190 commissioner shall minimally require that an applicant submit a
- 190 commissioner shall minimally require that an applicant submit a
- 191 facility business plan that addresses: (A) The proposed rate increase;

(B) facility occupancy statistics for the six months preceding the date of the application and occupancy statistics projected over the next five years, assuming the facility's application is granted; (C) any proposed bed reductions; (D) the effect of the proposal on facility staffing and operations; (E) the discharge plan for affected residents; (F) a description of any proposed fair rent or moveable equipment improvements, if applicable; (G) a description of any proposed enhanced community-based services, if applicable; and (H) a description of any proposed services for residents with special needs, if applicable. Any applicant with capital improvement requests that exceed the certificate of need dollar thresholds set forth in section 17b-353 shall be subject to the requirements of section 17b-353. If a facility requesting a rate increase under this subsection requires a waiver from the Commissioner of Public Health of any provision of section 19-13-D8t of the regulations of Connecticut state agencies and such facility has submitted to said commissioner a written waiver request, said commissioner shall issue a final decision on the facility's waiver request not later than forty-five days after the commissioner's receipt of such request.

- (3) The Commissioner of Social Services shall approve or deny a facility's application for a rate revision not later than forty-five days after the date of the commissioner's receipt of such application. Any approved revised rate shall be a substitute for the prospective rate determined pursuant to this section and shall not be an interim rate.
- (4) If a facility's revised rate approval involves a reduction in licensed bed capacity, the facility may elect to implement the approved bed reduction by either: (A) A permanent decertification of the beds, or (B) a temporary reduction in licensed bed capacity. If a facility elects to permanently decertify the beds, the Commissioner of Social Services may permit any such decertified beds that were also Medicaid certified to be relocated in accordance with the provisions of subdivision (3) of subsection (a) of section 17b-354. If a facility elects to temporarily reduce its licensed capacity, it may request, not more than once in any

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twelve-month period, permission from the commissioner to recertify all or a portion of such licensed bed capacity. In considering any request for recertification, the commissioner shall consider the bed need or service capacity of the facility. The commissioner shall approve or deny any request for recertification of licensed bed capacity not later than forty-five days after the commissioner's receipt of the facility's request. If the commissioner grants a request for recertification of licensed beds, the commissioner may reduce any revised rate previously approved for such facility that had been conditioned upon the facility reducing the number of licensed beds. Such rate reduction shall take effect on the date the facility's license is revised to include the recertified beds.

- (NEW) (k) The Commissioner of Social Services shall, effective on the date the court appoints a receiver for a facility pursuant to section 19a-543, revise the Medicaid rate of such facility placed in receivership, to ensure that the operating portion of such facility's Medicaid rate, when calculated in accordance with section 17b-340, as amended by this act, does not exceed the operating portion of the rate of any other similarly licensed facility located within a fifteen mile radius of the facility placed in receivership, irrespective of whether the facility placed in receivership is paid in accordance with the facility's base rate or through advances to the receiver, and excludes the costs of the receiver and any oversight costs incurred by the facility placed in receivership that may be required by the Commissioner of Public Health.
- Sec. 3. Subsection (a) of section 19a-545 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July* 1, 2011):
 - (a) A receiver appointed pursuant to the provisions of sections 19a-541 to 19a-549, inclusive, in operating such facility, shall have the same powers as a receiver of a corporation under section 52-507, except as provided in subsection (c) of this section and shall exercise such powers to remedy the conditions which constituted grounds for the

imposition of receivership, assure adequate health care for the patients and preserve the assets and property of the owner. If a facility is placed in receivership it shall be the duty of the receiver to notify patients and family, except where medically contraindicated, that the facility has been placed in receivership. The receiver shall also notify any person seeking admission as a patient to the facility and such person's family, to the extent known, that such facility has been placed in receivership. Such receiver may correct or eliminate any deficiency in the structure or furnishings of the facility which endangers the safety or health of the residents while they remain in the facility, provided the total cost of correction does not exceed three thousand dollars. The court may order expenditures for this purpose in excess of three thousand dollars on application from such receiver. If any resident is transferred or discharged such receiver shall provide for: (1) Transportation of the resident and such resident's belongings and medical records to the place where such resident is being transferred or discharged; (2) aid in locating an alternative placement and discharge planning in accordance with section 19a-535; (3) preparation for transfer to mitigate transfer trauma, including but not limited to, participation by the resident or the resident's guardian in the selection of the resident's alternative placement, explanation of alternative placements and orientation concerning the placement chosen by the resident or the resident's guardian; and (4) custodial care of all property or assets of residents which are in the possession of an owner of the facility. The receiver shall preserve all property, assets and records of residents which the receiver has custody of and shall provide for the prompt transfer of the property, assets and records to the alternative placement of any transferred resident. In no event may the receiver transfer all residents and close a facility without a court order and without preparing a discharge plan for each resident in accordance with section 19a-535.

Sec. 4. Section 19a-547 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2011*):

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(a) The court may appoint any responsible individual [whose name is] or entity proposed by the Commissioner of Public Health and the Commissioner of Social Services to act as a receiver. [Such individual] Any individual appointed shall be a nursing home administrator licensed in the state of Connecticut with substantial experience in operating Connecticut nursing homes, [. On or before July 1, 2004, the] provided no individual who is serving as a receiver for three or more facilities may be appointed as a receiver. Any entity appointed shall employ or contract with a nursing home administrator licensed in the state of Connecticut with substantial experience operating Connecticut nursing homes. The Commissioner of Social Services shall adopt regulations, in accordance with the provisions of chapter 54, governing the qualifications for proposed receivers consistent with the provisions of this subsection. No state employee or owner, administrator or other person with a financial interest in the facility may serve as a receiver for that facility. No person or entity appointed to act as a receiver shall be permitted to have a current financial interest in the facility; nor shall such person or entity appointed as a receiver be permitted to have a financial interest in the facility for a period of five years from the date the receivership ceases. Notwithstanding the provisions of this subsection, if an entity is appointed as a receiver, such entity may employ or contract with the entity's affiliates to provide accounting, payroll, information technology and related office support services and the court may permit the entity to participate as a bidder in a sale of the facility.

(b) The court may remove such receiver in accordance with section 52-513. A nursing home receiver appointed pursuant to this section shall be entitled to a reasonable receiver's fee as determined by the court, provided the receiver's fee shall not exceed two dollars and fifty cents per patient per day. The receiver shall be liable only in [his] an official capacity for injury to person and property by reason of the conditions of the nursing home. [He] The receiver shall not be personally liable, except for acts or omissions constituting gross, wilful or wanton negligence.

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(c) The court [, in its discretion, may require a] shall require an appropriate bond of such receiver in accordance with section 52-506.

(d) The court may require the Commissioner of Public Health to provide for the payment of any receiver's fees authorized in subsection (a) of this section upon a showing by such receiver to the satisfaction of the court that (1) the assets of the nursing home facility are not sufficient to make such payment, and (2) no other source of payment is available, including the submission of claims in a bankruptcy proceeding. The state shall have a claim for any court-ordered fees and expenses of the receiver which shall have priority over all other claims of secured and unsecured creditors and other persons whether or not the nursing home facility is in bankruptcy, to the extent allowed under state or federal law.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2011	17b-340(f)(4)
Sec. 2	July 1, 2011	17b-340
Sec. 3	July 1, 2011	19a-545(a)
Sec. 4	July 1, 2011	19a-547

PH Joint Favorable C/R JUD

JUD Joint Favorable Subst.-LCO

APP Joint Favorable